



# Diphtheria

County \_\_\_\_\_

LHJ Use ID \_\_\_\_\_

☐ Reported to DOH

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

LHJ Classification

☐ Confirmed

☐ Probable

By: ☐ Lab ☐ Clinical

☐ Epi Link: \_\_\_\_\_

☐ Outbreak-related

LHJ Cluster# \_\_\_\_\_

LHJ Cluster

Name: \_\_\_\_\_

DOH Outbreak # \_\_\_\_\_

## REPORT SOURCE

LHJ notification date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation  
start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter name \_\_\_\_\_

Reporter phone \_\_\_\_\_

Primary HCP name \_\_\_\_\_

Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_

Address \_\_\_\_\_ ☐ Homeless

City/State/Zip \_\_\_\_\_

Phone(s)/Email \_\_\_\_\_

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_

Zip code (school or occupation): \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation/grade \_\_\_\_\_

Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived

Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Illness duration: \_\_\_\_ days

### Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Fever** Highest measured temp: \_\_\_\_ °F  
Type: ☐ Oral ☐ Rectal ☐ Other: \_\_\_\_ ☐ Unk

☐ ☐ ☐ ☐ **Moderate to severe sore throat**

☐ ☐ ☐ ☐ **Difficulty breathing**

☐ ☐ ☐ ☐ Neck swelling

☐ ☐ ☐ ☐ Runny nose (coryza)

☐ ☐ ☐ ☐ Drainage from ears

☐ ☐ ☐ ☐ Skin ulcer

### Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Respiratory infection

☐ ☐ ☐ ☐ Heavy drinker

☐ ☐ ☐ ☐ If child, parent is heavy drinker

### Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ Stridor

☐ ☐ ☐ ☐ Pharyngitis

☐ ☐ ☐ ☐ **Adherent gray nasopharyngeal membrane**

☐ ☐ ☐ ☐ Cervical lymph node enlargement

☐ ☐ ☐ ☐ Bloody nasal discharge

☐ ☐ ☐ ☐ Ear drainage

☐ ☐ ☐ ☐ Myocarditis

☐ ☐ ☐ ☐ Polyneuritis

☐ ☐ ☐ ☐ Cutaneous (note that skin lesion alone does not meet definition for reportable diphtheria)

### Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ **Died from illness** Death date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Autopsy Place of death \_\_\_\_\_

### Vaccination

Y N DK NA

☐ ☐ ☐ ☐ **Ever received diphtheria containing vaccine**

**Number of doses diphtheria vaccine prior to illness:** \_\_\_\_\_

Dose 1 Type: \_\_\_\_\_ Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose 2 Type: \_\_\_\_\_ Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose 3 Type: \_\_\_\_\_ Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose 4 Type: \_\_\_\_\_ Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose 5 Type: \_\_\_\_\_ Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose 6 Type: \_\_\_\_\_ Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ **Vaccine up to date for diphtheria**

Vaccine series not up to date reason:

☐ Religious exemption

☐ Medical contraindication

☐ Philosophical exemption

☐ Previous infection confirmed by laboratory

☐ Previous infection confirmed by physician

☐ Parental refusal

☐ Other: \_\_\_\_\_ ☐ Unk

### Laboratory

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_

Source \_\_\_\_\_

P = Positive O = Other

N = Negative NT = Not Tested

I = Indeterminate

P N I O NT

☐ ☐ ☐ ☐ ☐ **C. diphtheriae culture (clinical specimen, not from skin lesion)**

☐ ☐ ☐ ☐ ☐ **Histopathologic diagnosis of diphtheria**

### Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ **Hospitalized for this illness**

Hospital name \_\_\_\_\_

Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

**INFECTION TIMELINE**

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset:

**Exposure period**

-10 -1

onset

**Contagious period\***

≤14 days

Calendar dates:

\* Rare chronic carriers may shed organism for 6+ months. If treated, shedding terminates promptly after initiation of effective antibiotic therapy.

**EXPOSURE (Refer to dates above)**

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country

Destinations/Dates: \_\_\_\_\_

☐ ☐ ☐ ☐ Foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Specify country: \_\_\_\_\_

☐ ☐ ☐ ☐ Does the case know anyone else with similar symptoms or illness

☐ ☐ ☐ ☐ **Epidemiologically linked directly to a culture or PCR confirmed case**
☐ ☐ ☐ ☐ Contact with lab confirmed case

Age of person from whom this case contracted diphtheria: \_\_\_\_ days/months/years

☐ ☐ ☐ ☐ Work or volunteer in health care setting or as EMT during exposure period

Facility name: \_\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ Congregate living Type:

☐ Barracks ☐ Corrections ☐ Long term care

☐ Dormitory ☐ Boarding school ☐ Camp

☐ Shelter ☐ Other: \_\_\_\_\_

☐ ☐ ☐ ☐ Exposure setting identified:

☐ Child care ☐ School ☐ Doctor's office

☐ Hospital ward ☐ Hospital ER

☐ Hospital outpatient clinic ☐ Home

☐ College ☐ Work ☐ Military

☐ Correction facility ☐ Church

☐ International travel

☐ Other, specify: \_\_\_\_\_ ☐ Unknown

☐ ☐ ☐ ☐ Unpasteurized milk (cow)

☐ ☐ ☐ ☐ Other unpasteurized milk (e.g. sheep, goat)

☐ ☐ ☐ ☐ Unpasteurized dairy products (e.g. soft cheese from raw milk, queso fresco or food made with these cheeses)

**Where did exposure probably occur?** ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk

Exposure details: \_\_\_\_\_

☐ **No risk factors or exposures could be identified**
☐ **Patient could not be interviewed**
**PATIENT PROPHYLAXIS/TREATMENT**

Y N DK NA

☐ ☐ ☐ ☐ Antibiotics prescribed for this illness Name: \_\_\_\_\_

Date/time antibiotic treatment began: \_\_\_\_/\_\_\_\_/\_\_\_\_ AM PM # days antibiotic actually taken: \_\_\_\_\_

☐ ☐ ☐ ☐ Diphtheria antitoxin given Date/time given: \_\_\_\_/\_\_\_\_/\_\_\_\_ AM / PM
**PUBLIC HEALTH ISSUES**

Y N DK NA

☐ ☐ ☐ ☐ Work/volunteer in health care setting while contagious: Facility name: \_\_\_\_\_

☐ ☐ ☐ ☐ Visited health care setting while contagious Facility name: \_\_\_\_\_

Number of visits: \_\_\_\_\_ Date(s): \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Face to face contact with newborns, unimmunized children, women > than 7 months pregnant or others at risk for severe complications

☐ ☐ ☐ ☐ Employed in child care or preschool

☐ ☐ ☐ ☐ Attends child care or preschool

☐ ☐ ☐ ☐ Household member or close contact in sensitive occupation or setting (HCW, child care, food)

☐ ☐ ☐ ☐ Documented transmission from this case

☐ Child care ☐ School ☐ Doctor's office

☐ Hospital ward ☐ Hospital ER

☐ Hospital outpatient clinic ☐ Home

☐ College ☐ Work ☐ Military

☐ Correction facility ☐ Church

☐ International travel ☐ Other: \_\_\_\_\_ ☐ Unk
**PUBLIC HEALTH ACTIONS**
☐ Prophylaxis of appropriate contacts recommended

Number of contacts receiving prophylaxis: \_\_\_\_\_

Number of contacts recommended prophylaxis: \_\_\_\_\_

Number of contacts completing prophylaxis: \_\_\_\_\_

☐ Strict respiratory isolation until 48 hours of treatment completed or for 14 days
**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_

Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_

Record complete date \_\_\_\_/\_\_\_\_/\_\_\_\_